



### Child Profile

**Child Name:** \_\_\_\_\_ **Birth Date:** \_\_\_/\_\_\_/\_\_\_

This profile will stay with your child. As your child grows and develops, changes should be noted or added to this form to keep your child's teachers in touch with the growth and development your child has made. We need your input on any changes taking place outside of school that may have an affect on your child while in our care. Thank you for your cooperation.

1. Has your child had previous preschool experiences: Yes \_\_\_ No \_\_\_  
Explain:  
\_\_\_\_\_
2. What would you like most for your child to experience with us?  
\_\_\_\_\_
3. What does your child most enjoy doing?  
\_\_\_\_\_
4. Does your child have any fears?  
\_\_\_\_\_
5. Do you consider your child shy or outgoing?  
\_\_\_\_\_
6. What are your child's favorite toys?  
\_\_\_\_\_
7. About what things does your child express the most curiosity?  
\_\_\_\_\_
8. Does your child play with other children? Yes \_\_\_ No \_\_\_
9. List the names and ages of other children in your family.  
\_\_\_\_\_
10. What words are spoken in your home for toileting?  
\_\_\_\_\_
11. Does your child take a nap? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_
12. Does your child need a favorite item (such as a blanket or stuffed animal) for a nap?  
Yes \_\_\_ No \_\_\_



13. How many hours of sleep does your child usually receive at night? \_\_\_\_\_

14. Does your child have allergies? Yes \_\_\_\_ No \_\_\_\_  
Explain: \_\_\_\_\_

15. Does your child have any special medical or physical needs?  
Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_

16. Do you have a special interest or hobby you would like to share with the children?  
\_\_\_\_\_

17. Are you available to help us with field trips or other special events? Yes \_\_\_\_ No \_\_\_\_

18. Does anyone else care for your children? Yes \_\_\_\_ No \_\_\_\_ (Grandparents, Neighbors, etc.)  
Who? \_\_\_\_\_

19. What language is spoken in your home?  
\_\_\_\_\_

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Notes:

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